


CALIFORNIA STUDENT AID COMMISSION

SPECIALIZED PROGRAMS
P.O. BOX 419029
RANCHO CORDOVA, CA 95741-9029
(888) 224-7268 #3



February 2004

To: High School Principal or Robert C. Byrd Honors Scholarship Program Coordinator

From: Max Espinoza, Chief
Grant Services Division 

Subject: Application Procedures for the 2004-2005 Robert C. Byrd Honors Scholarship Program

The California Student Aid Commission (Commission) is pleased to inform you that it is time to begin processing applications for the 2004-2005 Robert C. Byrd Honors Scholarships.

The Robert C. Byrd Honors Scholarship Program is designed to promote student excellence and achievement by providing scholarships to exceptional students who show promise of continued academic excellence. The scholarships are awarded solely on the basis of academic merit. Recipients must enroll in and attend a United States institution of higher education beginning with the fall term of the 2004-2005 academic year. The scholarship award for 2004-2005 will be \$1,500 and may be renewed for up to four years.

The Robert C. Byrd Honors Scholarship Program is supported entirely by federal funds and is subject to federal budget appropriations. Federal funding may affect this award and/or renewals, if authorization is reduced or not approved for the fiscal year.

Please provide this booklet to your designated coordinator. The booklet contains the following:

- Coordinator's Guide (G-193)
- 2004-2005 Nomination Form (G-190) and GPA/Test Score Verification Form (G-194)
- Fact Sheet (G-191)
- 2-Student Applications (G-192/ED 80-0016)

Please have your coordinator identify two (2) nominees, and then provide each student with the appropriate application materials. The coordinator must complete the nomination form (G-190) and the GPA/Test Score Verification Form (G-194). *Coordinators must then submit all forms with the student application(s) **postmarked no later than May 4, 2004**. The Commission will notify all applicants and schools of their award status before the end of the academic year.

Please feel free to reproduce any of the enclosed documents. If you have any questions about the program, please call the Commission's Specialized Programs Unit at (888) 224-7268 #3 Monday through Friday from 8:00 a.m. to 4:55 p.m.

Enclosures

2004 – 2005 COORDINATOR'S GUIDE

The following guidelines should be used when reviewing applications and submitting nominations for the Robert C. Byrd Honors Scholarship Program (Scholarship). If you have any questions about the Scholarship or the nomination process, please call the California Student Aid Commission's (Commission) Specialized Programs Unit, weekdays between 8:00 a.m. and 4:55 p.m. at (888) 224-7268 #3.

COORDINATOR'S RESPONSIBILITIES

NOMINATION PROCESS

Each year, coordinators should inform students of the scholarship program and any campus requirements or deadlines. Interested students should be provided a fact sheet and an application. Additionally, coordinators should ensure that students from low- and moderate-income families have access to information concerning this Scholarship.

Coordinators should select the two (2) nominees from among students who: 1) have demonstrated outstanding academic achievement in high school and show promise of continued academic achievement in college; 2) will graduate from high school at the end of the current academic year and agree to enroll in and attend an institution of higher education on a full-time basis for the 2004-2005 academic year; and 3) will submit the completed application to the designated coordinator at the applicant's California high school by the appropriate processing deadline.

SELECTION CRITERIA

Coordinators may identify **up to two (2)** nominees using criteria including, but not limited to, the following:

- ✓ High school grade point average (GPA).
- ✓ Combined math and verbal scores received on the Scholastic Aptitude Test (SAT) or a composite score received on the American College Test (ACT). If an applicant has taken the SAT twice, the highest math and verbal score may be used from each test. For example, if on the first sitting the applicant scored 600 on math and 750 on verbal, and on the second sitting the applicant scored 700 on math and 700 on verbal, then the highest scores used would be **math 700 and verbal 750**.

APPLICATION REVIEW

To calculate an applicant's GPA, use sophomore through senior grades, excluding Physical Education and Reserve Officer Training Corps. Convert any grades with extra weight for Honors and Advanced Placement classes to a 4.00 scale before calculating the GPA. Transcripts will not be accepted in lieu of an applicant's calculated GPA.

Coordinators must review all applications before submitting them to the Commission to ensure that the applicants meet all of the eligibility requirements and that all required documentation is included.

Please make sure that the applicants include documentation of U.S. citizenship, if required, from the U.S. Citizenship and Immigration Service (#9 on application), and indicate which college they will most likely attend for the 2004-2005 academic year (#12 on application).

SUBMITTING NOMINATIONS

Coordinators must submit the 2004-2005 Nomination Form, GPA/Test Score Verification Form and up to two (2) Application(s) **postmarked no later than MAY 4, 2004 to:**

**California Student Aid Commission
Attn: Robert C. Byrd Honors Scholarship Program
P.O. Box 419029
Rancho Cordova, CA 95741-9029**

Coordinators should notify the selected students that their application has been submitted to compete for the 2004-2005 Robert C. Byrd Honors Scholarship Program.

NOTE: Late or incomplete applications may not be considered in the ranking process.

COMMISSION RESPONSIBILITIES

APPLICATION RANKING

Eligible applicants will receive a score based on their combined calculated GPA and SAT/ACT test scores. Applicants will then be ranked in descending score order (highest first) for selection of new scholarships (e.g., if an applicant's reported GPA is 3.50 and her/his SAT score is 1150, the applicant's score is 350.1150. If another applicant also has a reported GPA of 3.50, but does not have an SAT/ACT score, his/her score is 350.0000).

AWARD ANNOUNCEMENT

The Commission will announce selected students for the Scholarship before the end of the school year, provided federal funds are authorized. Both the institution and the students will receive notification of their award status by mail.

FEDERAL FUNDS

This Scholarship is entirely supported by federal funds and, as such, is subject to availability of federal funds each year. If additional funds become available, new awards will be made from the next ranked eligible applicants until all funds are expended.

2004 – 2005 NOMINATION FORM

SECTION I: TO BE COMPLETED BY THE COORDINATOR

SCHOOL NAME: _____ SCHOOL DISTRICT: _____

SCHOOL MAILING ADDRESS: _____

- As the designated coordinator, I have read the following Robert C. Byrd Honors Scholarship Program materials:
☐ Fact Sheet ☐ Application ☐ Nomination Form ☐ Coordinator's Guide
- As a coordinator, I understand that I may nominate **up to two (2)** high school applicants to compete in the 2004-2005 Robert C. Byrd Honors Scholarship Program.
- I hereby nominate the two (2) applicant(s) identified below to compete in the 2004-2005 Robert C. Byrd Honors Scholarship Program. Their application is included with this nomination form.

Applicant Name(s)

Applicant Social Security Number(s)

- _____
- _____

- The following forms for each nominee are complete, accurate, and included with this application package:
(To help us, please initial each line below)

- ___ Robert C. Byrd Honors Scholarship Program application (G-192/ED 80-0016)
- ___ Citizenship documentation, **if required** (See item # 9 on the application)
- ___ Coordinator's 2004-2005 Nomination Form, GPA/Test Score Verification Form (front and back of this page)

- Please also verify that:

- ___ Each applicant's grade point average has been calculated and reported based upon **an unweighted 4.00 scale**.
- ___ **Only one college choice** is listed (See item # 12 on the application).

NOTE: Applications that are late or incomplete may not be considered in the ranking process.

- I have also:

1) Reviewed the two (2) completed applications; 2) included the information requested above; and 3) determined that eligibility requirements for participation in the 2004-2005 Robert C. Byrd Honors Scholarship Program have been met. I understand that if the application package does not meet the requirements specified, it will be returned to the nominating high school.

I also understand that the two (2) application packets will undergo further review by the California Student Aid Commission. Only those applicants who meet all criteria specified by statute will be eligible to compete for this scholarship. **I understand that this is a federally funded program, and is subject to federal budget appropriations. Federal funding may affect this award and/or renewals, if authorization is reduced or not approved for the fiscal year.**

Coordinator's Signature

Date

Coordinator's Name (Printed)

Telephone Number

Principal's Signature

Date

Principal's Name (Printed)

Telephone Number

Return This Form With All Application Materials Postmarked By MAY 4, 2004 To:

ROBERT C. BYRD HONORS SCHOLARSHIP PROGRAM

P.O. BOX 419029

RANCHO CORDOVA, CA 95741-9029

(GPA/Test Score Verification Form on reverse must be completed)



2004 - 2005 GPA/TEST SCORE VERIFICATION FORM

SECTION II: TO BE COMPLETED BY A HIGH SCHOOL OFFICIAL (Please print or type)

Provide each student's grade point average (GPA) according to the instructions below *: **GPA must be computed on an unweighted 4.00 grading scale.**

*Calculate the student's GPA on a 4.00 scale to two decimal places. Use sophomore through senior high school grades, including the 2003-2004 fall term and excluding Physical Education and Reserve Officer Training Corps. Convert any grades with extra weight for Honors and Advanced Placement classes to a 4.00 scale before calculating the GPA. **Do not send transcripts.**

A. FIRST NOMINEE

A.1. NAME: _____ GPA: _____ • _____ *Please complete all three spaces.*

TEST SCORE
(highest reported)

TEST DATE

Scholastic Aptitude Test: MATH _____

Scholastic Aptitude Test: VERBAL _____

American College Test: COMPOSITE _____
(if available)

A.2. Date (or expected date) of high school graduation: _____

B. SECOND NOMINEE

B.1. NAME: _____ GPA: _____ • _____ *Please complete all three spaces.*

TEST SCORE
(highest reported)

TEST DATE

Scholastic Aptitude Test: MATH _____

Scholastic Aptitude Test: VERBAL _____

American College Test: COMPOSITE _____
(if available)

B.2. Date (or expected date) of high school graduation: _____

By my signature, I hereby declare that the above information is true as is reflected on current official school records.

Signature of High School Official

Date

Printed or Typed Name of Official

Phone Number

Title of Official

School Name

School Code

School Mailing Address

City

State

Zip Code

2004 – 2005 NEW APPLICANT FACT SHEET

The Robert C. Byrd Honors Scholarship Program (Scholarship) is a federally funded program designed to promote student excellence and achievement. These scholarships are awarded solely on the basis of academic merit to recognize students who show promise of continued academic excellence. The Scholarship is administered by the California Student Aid Commission (Commission). Selected students must enroll in and attend a United States (U.S.) institution of higher education full-time beginning in the fall term of the 2004-2005 academic year. The scholarship award for 2004-2005 will be \$1500 and may be renewed for up to four years. The Robert C. Byrd Honors Scholarship Program is supported entirely by federal funding and is subject to federal budget appropriations. Federal funding may affect this award and/or renewals, if authorization is reduced or not approved for the fiscal year.

ELIGIBILITY REQUIREMENTS

To meet eligibility requirements, federal law requires that an applicant must:

- Be a U.S. citizen or an eligible non-citizen. (See the Robert C. Byrd Honors Scholarship Program Application form, item # 9)
Note: If the applicant is an eligible non-citizen, documentation from the U.S. Citizenship and Immigration Service must accompany the application.
- Be a legal resident of California. (See the Robert C. Byrd Honors Scholarship Program Application form, item # 10)
- Graduate from a public or private secondary school between 7-1-2003 and 6-30-2004 or receive the equivalent of a certificate of graduation as recognized by the California State Department of Education between 7-1-2003 and 4-1-2004.
- Enroll in and attend a U.S. postsecondary public or private institution on a full-time basis during the fall term of the 2004-2005 academic year.
- Be considered a freshman beginning in the fall term of the 2004-2005 academic year.
- Have registered with the Selective Service System, unless the postsecondary institution certifies that the applicant is not required to register with Selective Service.
- Submit a Certification Form ED 80-0016, attesting to the fact that they are not delinquent or in default on a federal grant or educational loan with the application.

HOW TO APPLY

Eligible high school students currently enrolled in a California high school must apply through their designated high school Scholarship coordinator.

NOTE: Applicants currently enrolled in high school must adhere to the application deadlines set by their high school campus for the Scholarship since all nomination packages must be submitted by the designated high school coordinator.

Eligible students who meet the above requirements **and who are not currently** attending a California high school should obtain and submit a completed application package directly to the Commission, Attn: Robert C. Byrd Honors Scholarship Program, P.O. Box 419029, Rancho Cordova, CA 95741-9029.

NOMINATION PROCESS AND DEADLINE

Process: Each California public or private secondary education institution may nominate up to two (2) applicants. All high schools wishing to nominate students for this Scholarship must submit completed application materials for each nominee. A complete application package must include:

- Robert C. Byrd Honors Scholarship Program Nomination Form for California, GPA/Test Score Verification Form (G-190/G-194)
- Robert C. Byrd Honors Scholarship Program Application (G-192)
- Certification Form ED 80-0016 (back of application)

Deadline: All completed application materials **must be postmarked by MAY 4, 2004** and sent to the Commission at P.O. Box 419029, Rancho Cordova, CA 95741-9029.

NOTE: Late or incomplete applications may not be considered in the ranking process.

2004 – 2005 NEW APPLICANT FACT SHEET CONTINUED...

SELECTION AND AWARD ANNOUNCEMENTS

The Commission will review all nominations and rank eligible applicants by grade point average (using Scholastic Aptitude Test and/or American College Test scores as tie breakers). The Commission will announce selected students for the Scholarship before the end of the school year, provided federal funds are authorized. Both the institution and the students will receive notification of their award status.

Selected students will receive their award (each academic term) through their postsecondary institution's financial aid office. **Receipt of this scholarship may affect other financial aid awards.**

For additional information, please contact the Commission's Specialized Programs Unit at (888) 224-7268 #3.

CALIFORNIA RESIDENCY REQUIREMENTS (FOR APPLICATION QUESTION #10)

If you are an unmarried student who will not be 18 by the time you file the FAFSA, your residency status is based on the residency of the parent or non-parent adult responsible for your direct care and control. To qualify, the non-parent adult must have had continuous direct care of and control over you for at least two years prior to the application deadline.

If you're an unmarried student under age 18, you're a legal California resident if either:

- A parent has been a legal California resident for one year immediately prior to the application deadline.
- You have lived for two years with a responsible non-parent adult and that adult has been a legal California resident for at least one year immediately prior to the application deadline.

If your parents are living overseas, you're considered a California resident if you're a minor and have been living under the direct care and control of a California resident for at least two years as of the application deadline, or if your parents have maintained their California residency during their absence from the state.

Married students, regardless of their age, and all unmarried students 18 or older, must establish their own residency. If you'll be 18 by the time you apply for this scholarship, you must have lived in California for at least one year immediately before this date to be considered a California resident. You also must be in the United States legally and be able to establish U.S. residency based on your status with the U.S. Citizenship and Immigration Services.

STATE OF CALIFORNIA INFORMATION PRACTICES ACT OF 1977 AND USE OF YOUR SOCIAL SECURITY NUMBER

State and federal laws protect an individual's right to privacy regarding information pertaining to oneself. The California Information Practices Act of 1977 requires the following information be provided to financial aid applicants who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. Commission policy and the policies of the postsecondary institutions to which you are applying for aid authorize maintenance of this information. Furnishing information that is requested on this form is mandatory. Failure to provide such information will delay and may even prevent your receipt of financial assistance. This form's information may be transmitted to the other state and federal agencies if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them. The Education Code of the State of California gives the Commission the authority (in consultation with postsecondary institutions) to make this form available. The officials responsible for maintaining the information contained on this form are the Executive Director of the Commission and the financial aid administrators at the institutions to which you are applying for financial aid.

The Social Security Number is used to verify your identity under record-keeping systems established prior to January 1, 1975, pursuant to authority of the Commission, the California State University, and California Community Colleges contained in Title 5, California Administrative Code, Section 41201, and the authority of the Regents of the University of California under Article IX, Section 9, of the California Constitution.

The Commission and California public postsecondary education institutions, in compliance with federal statutes and the Equal Protection Clause of the California Constitution, do not discriminate on the basis of race, color, national origin, sex, or physical disability in any of their policies, procedures, or practices. Inquiries regarding these policies may be directed to the Commission and to the financial aid office of the school or college to which you are applying for aid.

For additional information, please contact the Commission's Specialized Programs Unit at (888) 224-7268 #3.

2004 - 2005 STUDENT APPLICATION

Return To Your Robert C. Byrd Honors Scholarship Program Coordinator

BOTH SIDES TO BE COMPLETED BY APPLICANT (Please print or type)

1. LAST NAME		FIRST NAME		MIDDLE INITIAL	2. SOCIAL SECURITY #
3. DATE OF BIRTH		4. GENDER	5. PHONE NUMBER ()		6. E-MAIL ADDRESS
7. STREET ADDRESS			CITY	STATE	ZIP CODE

8. I DESCRIBE MYSELF AS THE FOLLOWING: (Check any that apply)

<input type="checkbox"/> (1) AFRICAN-AMERICAN	<input type="checkbox"/> (4) PACIFIC ISLANDER	<input type="checkbox"/> (7) WHITE
<input type="checkbox"/> (2) LATINO, CHICANO	<input type="checkbox"/> (5) ASIAN-AMERICAN	<input type="checkbox"/> (8) OTHER (specify):
<input type="checkbox"/> (3) FILIPINO	<input type="checkbox"/> (6) NATIVE-AMERICAN, ALASKAN NATIVE	_____

9. I AM: (Check one)

<input type="checkbox"/> (1) A UNITED STATES (U.S.) CITIZEN	<input type="checkbox"/> (2) AN ELIGIBLE NON CITIZEN.**
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(You must include documentation from the U.S. Citizenship and Immigration Service.)**

10. I MEET THE CALIFORNIA RESIDENCY CRITERIA DESCRIBED ON THE NEW APPLICANT FACT SHEET AND I AM CONSIDERED A CALIFORNIA RESIDENT FOR FINANCIAL AID PURPOSES. ☐ YES ☐ NO

11. I HAVE OR EXPECT TO RECEIVE A HIGH SCHOOL DIPLOMA/GED/CHSPE: ☐ YES ☐ NO

12. I HAVE LISTED THE NAME AND ADDRESS OF THE COLLEGE I EXPECT TO ATTEND DURING THE 2004-2005 ACADEMIC YEAR:

(Please list only ONE choice, do not write unknown, undecided, or leave blank; this school will be notified, if awarded.)

COLLEGE NAME: _____

FEDERAL SCHOOL CODE NUMBER: _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

By my signature, I understand and agree that:

- I must be a graduating senior, complete and include the Certification Form ED 80-0016 (on the back of this form), and be **nominated by my school** to compete for this scholarship.
- I must attend a U.S. postsecondary educational institution on a full-time basis beginning in the fall term of the **2004-2005 academic year**.
- I must be considered a freshman, by my postsecondary institution, during the 2004-2005 academic year.
- My other financial aid may be affected by receipt of this scholarship.
- I must, if selected, continue to meet the federal eligibility requirements for renewal participants to be able to renew this scholarship for a maximum of four years (based on availability of federal funding).
- I hereby authorize my school official to complete and release to the California Student Aid Commission (Commission) the information requested in Section II of the GPA/Test Score Verification Form to enable me to compete for a Robert C. Byrd Honors Scholarship.

I declare under penalty of the laws of the State of California and of the U.S. that I have examined this form, and to the best of my knowledge and belief it is true, correct and complete. I understand that the penalty for submission of fraudulent or incorrect information on this form may be repayment of the scholarship amount received, with interest and with additional penalties under Federal or California state law. I authorize the Commission and the California State Department of Education to receive and to release my student records, information regarding this application, and other information I have provided concerning my application and scholarship between institutions and appropriate public and private agencies. I understand that only complete and accurate applications submitted using the required procedures will be considered. **I understand that this is a federally funded program, and is subject to federal budget appropriations. Federal funding may affect this award and/or renewals, if authorization is reduced or not approved for the fiscal year.**

SIGNATURE OF APPLICANT _____

DATE _____

-OVER-



Certification of Eligibility for Federal Assistance in Certain Programs

I understand that 34 Code of Federal Regulations (CFR) 75.60, 75.61, and 75.62 require that I make specific certifications of eligibility to the United States (U.S.) Department of Education as a condition of applying for Federal funds in certain programs and that these requirements are in addition to any other eligibility requirements that the U.S. Department of Education imposes under program regulations. Under 34 CFR 75.60 - 75.62:

I. I certify that:

A. I do not owe a debt, or I am current in repaying a debt, or I am not in default (as that term is used at 34 CFR Part 668) on a debt:

1. To the Federal Government under a nonprocurement transaction (e.g., a previous loan, scholarship, grant, or cooperative agreement); or
2. For a fellowship, scholarship, stipend, discretionary grant, or loan in any program of the U.S. Department of Education that is subject to 34 CFR 75.60, 75.61, and 75.62, including:
 - Federal Pell Grant Program (20 U.S.C. 1070a, et seq.);
 - Federal Supplemental Educational Opportunity Grant (SEOG) Program (20 U.S.C. 1070(b), et seq.);
 - State Student Incentive Grant Program (SSIG) (20 U.S.C. 1070c, et seq.);
 - Federal Perkins Loan Program (20 U.S.C. 1087aa, et seq.);
 - Income Contingent Direct Loan Demonstration Project (20 U.S.C. 1087a, note);
 - Federal Stafford Loan Program, Federal Supplemental Loans for Students[SLS], Federal Parent Loan for Undergraduate Students (PLUS), or Federal Consolidation Loan Program (20 U.S.C. 1071, et seq.);
 - Cuban Student Loan Program (20 U.S.C. 2601, et seq.);
 - Robert C. Byrd Honors Scholarship Program (20 U.S.C. 1070d-31, et seq.);
 - Jacob K. Javits Fellows Program (20 U.S.C. 1134h-1134l);
 - Patricia Robert S. Harris Fellowship Program (20 U.S.C. 1134d-1134g);
 - Christa McAuliffe Fellowship Program (20 U.S.C. 1105-1105i)
 - Bilingual Education Fellowship Program (20 U.S.C. 3221-3262);
 - Rehabilitation Long-term Training Program (29 U.S.C. 774(b));
 - Paul Douglas Teacher Scholarship Program (20 U.S.C. 1104, et seq.);
 - Law Enforcement Education Program (42 U.S.C. 3775);
 - Indian Fellowship Program (29 U.S.C. 774(b));

OR

B. I have made arrangements satisfactory to the U.S. Department of Education to repay a debt as described in A.1 or A.2 (above) on which I had not been current in repaying or on which I was in default (as that term is used in 34 CFR Part 668).

II. I certify also that I have not been declared by a judge, as a condition of sentencing under Section 5301 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 862), ineligible to receive Federal assistance for the period of this requested funding.

I understand that providing a false certification to any of the statements above makes me liable for repayment to the U.S. Department of Education for funds received on the basis of this certification, for civil penalties, and for criminal prosecution under 18 U.S.C. 1001.

(Signature)

(Date)

(Typed or Printed Name)

Name or number of the USDE program under which this certification is being made: ROBERT C. BYRD

2004 - 2005 STUDENT APPLICATION

Return To Your Robert C. Byrd Honors Scholarship Program Coordinator

BOTH SIDES TO BE COMPLETED BY APPLICANT (Please print or type)

1. LAST NAME		FIRST NAME		MIDDLE INITIAL	2. SOCIAL SECURITY #
3. DATE OF BIRTH	4. GENDER	5. PHONE NUMBER ()		6. E-MAIL ADDRESS	
7. STREET ADDRESS		CITY		STATE	ZIP CODE

8. I DESCRIBE MYSELF AS THE FOLLOWING: (Check any that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> (1) AFRICAN-AMERICAN | <input type="checkbox"/> (4) PACIFIC ISLANDER | <input type="checkbox"/> (7) WHITE |
| <input type="checkbox"/> (2) LATINO, CHICANO | <input type="checkbox"/> (5) ASIAN-AMERICAN | <input type="checkbox"/> (8) OTHER (specify): |
| <input type="checkbox"/> (3) FILIPINO | <input type="checkbox"/> (6) NATIVE-AMERICAN, ALASKAN NATIVE | |

9. I AM: (Check one)

- | | |
|---|--|
| <input type="checkbox"/> (1) A UNITED STATES (U.S.) CITIZEN | <input type="checkbox"/> (3) AN ELIGIBLE NON CITIZEN** |
|---|--|

(You must include documentation from the U.S. Citizenship and Immigration Service.)**

10. MEET THE CALIFORNIA RESIDENCY CRITERIA DESCRIBED ON THE NEW APPLICANT FACT SHEET AND I AM CONSIDERED A CALIFORNIA RESIDENT FOR FINANCIAL AID PURPOSES:

☐ YES ☐ NO

11. I HAVE OR EXPECT TO RECEIVE A HIGH SCHOOL DIPLOMA/GED/CHSPE:

☐ YES ☐ NO

12. I HAVE LISTED THE NAME AND ADDRESS OF THE COLLEGE I EXPECT TO ATTEND DURING THE 2004-2005 ACADEMIC YEAR:

(Please list only ONE choice, do not write unknown, undecided, or leave blank; this school will be notified, if awarded.)

COLLEGE NAME: _____

FEDERAL SCHOOL CODE NUMBER: _____

ADDRESS	CITY	STATE	ZIP CODE
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By my signature, I understand and agree that:

- I must be a graduating senior, complete and include the Certification Form ED 80-0016 (on the back of this form), and be **nominated by my school** to compete for this scholarship.
- I must attend a U.S. postsecondary educational institution on a full-time basis beginning in the fall term of the **2004-2005 academic year**.
- I must be considered a freshman, by my postsecondary institution, during the 2004-2005 academic year.
- My other financial aid may be affected by receipt of this scholarship.
- I must, if selected, continue to meet the federal eligibility requirements for renewal participants to be able to renew this scholarship for a maximum of four years (based on availability of federal funding).
- I hereby authorize my school official to complete and release to the California Student Aid Commission (Commission) the information requested in Section II of the GPA/Test Score Verification Form to enable me to compete for a Robert C. Byrd Honors Scholarship.

I declare under penalty of the laws of the State of California and of the U.S. that I have examined this form, and to the best of my knowledge and belief it is true, correct and complete. I understand that the penalty for submission of fraudulent or incorrect information on this form may be repayment of the scholarship amount received, with interest and with additional penalties under Federal or California state law. I authorize the Commission and the California State Department of Education to receive and to release my student records, information regarding this application, and other information I have provided concerning my application and scholarship between institutions and appropriate public and private agencies. I understand that only complete and accurate applications submitted using the required procedures will be considered. **I understand that this is a federally funded program, and is subject to federal budget appropriations. Federal funding may affect this award and/or renewals, if authorization is reduced or not approved for the fiscal year.**

SIGNATURE OF APPLICANT _____

DATE _____

-OVER-



Certification of Eligibility for Federal Assistance in Certain Programs

I understand that 34 Code of Federal Regulations (CFR) 75.60, 75.61, and 75.62 require that I make specific certifications of eligibility to the United States (U.S.) Department of Education as a condition of applying for Federal funds in certain programs and that these requirements are in addition to any other eligibility requirements that the U.S. Department of Education imposes under program regulations. Under 34 CFR 75.60 - 75.62:

I. I certify that:

A. I do not owe a debt, or I am current in repaying a debt, or I am not in default (as that term is used at 34 CFR Part 668) on a debt:

1. To the Federal Government under a nonprocurement transaction (e.g., a previous loan, scholarship, grant, or cooperative agreement); or
2. For a fellowship, scholarship, stipend, discretionary grant, or loan in any program of the U.S. Department of Education that is subject to 34 CFR 75.60, 75.61, and 75.62, including:
 - Federal Pell Grant Program (20 U.S.C. 1070a, et seq.);
 - Federal Supplemental Educational Opportunity Grant (SEOG) Program (20 U.S.C. 1070(b), et seq.);
 - State Student Incentive Grant Program (SSIG) (20 U.S.C. 1070c, et seq.);
 - Federal Perkins Loan Program (20 U.S.C. 1087aa, et seq.);
 - Income Contingent Direct Loan Demonstration Project (20 U.S.C. 1087a, note);
 - Federal Stafford Loan Program, Federal Supplemental Loans for Students[SLS], Federal Parent Loan for Undergraduate Students (PLUS), or Federal Consolidation Loan Program (20 U.S.C. 1071, et seq.);
 - Cuban Student Loan Program (20 U.S.C. 2601, et seq.);
 - Robert C. Byrd Honors Scholarship Program (20 U.S.C. 1070d-31, et seq.);
 - Jacob K. Javits Fellows Program (20 U.S.C. 1134h-1134l);
 - Patricia Robert S. Harris Fellowship Program (20 U.S.C. 1134d-1134g);
 - Christa McAuliffe Fellowship Program (20 U.S.C. 1105-1105i)
 - Bilingual Education Fellowship Program (20 U.S.C. 3221-3262);
 - Rehabilitation Long-term Training Program (29 U.S.C. 774(b));
 - Paul Douglas Teacher Scholarship Program (20 U.S.C. 1104, et seq.);
 - Law Enforcement Education Program (42 U.S.C. 3775);
 - Indian Fellowship Program (29 U.S.C. 774(b));

OR

B. I have made arrangements satisfactory to the U.S. Department of Education to repay a debt as described in A.1 or A.2 (above) on which I had not been current in repaying or on which I was in default (as that term is used in 34 CFR Part 668).

II. I certify also that I have not been declared by a judge, as a condition of sentencing under Section 5301 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 862), ineligible to receive Federal assistance for the period of this requested funding.

I understand that providing a false certification to any of the statements above makes me liable for repayment to the U.S. Department of Education for funds received on the basis of this certification, for civil penalties, and for criminal prosecution under 18 U.S.C. 1001.

(Signature)

(Date)

(Typed or Printed Name)

Name or number of the USDE program under which this certification is being made: ROBERT C. BYRD

